

# Early detection of oral cancer: who is responsible?

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Oral squamous carcinoma or oral cancer (OC), as it is generally known, has an average five-year survival rate of less than 50%. This has not changed much in 50 years. The survival rate can be more than 90% with early diagnosis, but as low as 20%, if the lesion is diagnosed late.<sup>1,2</sup> Early detection of oral cancer is therefore essential to improve the otherwise dismal five-year survival rate.<sup>3,4</sup>

The oral cavity is unique, as it is the only part of the gastro-intestinal tract that can be easily examined. It is our responsibility as dentists to perform the examination and to do this during every routine visit, no exceptions. Our patients trust us as the guardians of their oral health, and we should fulfil this responsibility to the best of our ability.

Never was this better demonstrated than in the first week of May 2012 when we received a patient with a palatal ulcer in our clinic. The patient had been seen by three dentists and monitored for five years without being referred for a second opinion. Two weeks before presenting in our clinic, he was given antibiotics and told the "abscess" would respond to this. Clinical examination revealed a malignancy that involved the hard and soft palates. This was histologically diagnosed as a salivary gland malignancy. Only time will tell whether his life can be saved.

This tragic event highlights how critically important it is that the oral-health team be educated, trained and kept

up-to-date regarding the early diagnosis and management of oral cancer. This is not a domain which belongs to any specific field - dental or medical. General dental practitioners should not distance themselves from this important field of study. If we do, it will be to our own detriment and our medical colleagues will fill the gap. In the United Kingdom there are already calls for oral cancer to be removed from the dental curriculum and included in the medical undergraduate curriculum.<sup>5</sup> Can dentistry in South Africa afford to project such an image to the wider public and to our medical colleagues?

The South African Dental Association has taken the lead in making oral cancer the focus for 2011-12. This public awareness campaign has already reached thousands of readers and listeners through the different media. Never has there been a more appropriate moment for all dental practitioners to seize the opportunity of creating oral cancer awareness on a national scale. Workshops are planned for clinical training and a special SADJ issue on Oral Cancer will be published in November.

A dentist will see, on average, ten cancer patients in his/her professional lifetime.<sup>4</sup> Imagine being able to play a role in saving one or all of those lives, simply by making an early diagnosis. This is one of the most important contributions dentistry can make to improve the lives of all South Africans. Oral cancer does not distinguish between rich and poor, black or white, male or female, nor does it pay heed to any religion. It is ubiquitous and autonomous.

In an editorial in the Australian Dental Journal (2008), *Becoming a Professional*, Mark Bartold states: "Where one derives income from one's professional activities, this will always be a dilemma".<sup>6</sup>

He is referring to the fact that we should never put our own interests ahead of those of our patients. Is this perhaps why oral cancer diagnosis may be neglected? Is the chore of thorough oral examination perceived as an activity which will not provide a financial return on time spent? One cannot help but wonder about this.

If South African dentists would spend on the prevention of oral cancer only 10% of the time, resources and training that are currently spent on implant dentistry, we would be able to beat this dreaded disease. Would that not be an achievement and a legacy to be proud of?

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